

# ScoutLook<sup>25</sup> OOS REGISTRATION

ScoutLook is a wilderness camp designed for Scout youth introducing backcountry camping experience.

The camp program is designed to provide the campers with opportunities to learn and demonstrated the Outdoor Adventure Skills as described by the Canadian Path. Opportunities to learn and practice skills in the categories of Aquatic, Camping, Emergency, Paddling, Scoutcraft, and Trails Skills are the focus of camp activities.

Alloway Wilderness Reserve is an unserved camp located on Big Whiteshell Lake, Whiteshell Provincial Park. The camp is only accessible by water.

A detailed equipment list is included with the registration package.

OOS are encouraged to visit the ScoutLook web page at: [scoutlook.scoutdooradventuresmb.ca](http://scoutlook.scoutdooradventuresmb.ca)

Offer of Service is required for ScoutLook to happen. This camp provides a great opportunity for Venturer and Rover Scouts to put in hours of service, get some fresh air and enjoy scouting to its fullest. Youth OOS participate in the capacity of Youth Counsellors, Youth Activity Leaders, and camp operations.

## **Dates and details for your calendar:**

- Registration \$125.00
- A *non-refundable* deposit of \$100.00 is required upon registration.
- The balance of registration is due **June 30, 2025**
- Registration forms are fillable .pdf files and can be completed electronically and electronically signed. Registration and EFT payment can be emailed to [scoutertrog@outlook.com](mailto:scoutertrog@outlook.com).
- Printed registration forms and cheque (made out to: Scouts Canada) can be mailed to

ScoutLook c/o 75 Pinetree Crescent, Winnipeg, MB R2V 3Z6

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## ScoutLook Equipment List

### Clothing

- Hat (wide brim is recommended)
- Sunglasses
- Rain jacket/waterproof jacket/windproof
- Short sleeve shirts
- Long sleeve shirt
- Short pants
- Long pants
- Sweater/sweatshirt
- Socks
- Underwear
- Runners
- Watersocks/footwear to wear into the water
- Durable footwear for hiking trails
- Swim suit
- Mosquito head net/jacket (optional)
- Light toque to wear for sleep if cold

### General Equipment

- Water bottle (shatter proof)
- Daypack
- Whistle
- Flashlight (extra batteries)
- Travel lawn chair
- Camera<sup>1</sup>
- Binoculars<sup>1</sup>
- Compass<sup>1</sup>
- Pocket knife<sup>2</sup>
- PFD/Life jacket (properly fitting)
- Canoe Paddle<sup>1</sup>

- Book (reading during inclement weather)
- Stuff/dry sacks for overnight trip
- Activity items ie. snorkelling, fishing<sup>1</sup>
- Journal and writing tool<sup>1</sup>

### Sleep

- Tent for Alloway
- Tent for Overnight if you have
- Sleeping bag
- Pillow (camp size, not full size)
- Sleeping mat / mattress

### Food

- Bowl/plate
- Cup (mug/glass with lid)
- Cutlery (fork, spoon, knife)

### Toiletries

- Toothbrush/past
- Soap (biodegradable)
- Sunscreen
- Insect repellent
- Face/bath towel
- Face cloth
- Hair comb/brush
- Retainers/contact lens & solutions
- Prescription medication (see directions on registration)
- Roll of toilet paper in Ziploc bag
- Sanitary products

When packing please take into consideration how some clothing articles may meet two requirements, i.e. windproof and waterproof. You are encouraged to plan your clothing in layers i.e. wicking / thermal / outer shell.

Keep in mind that you want to keep the packs light, participants will need to carry their own packs to their campsite (approx. 200 metres), so do not over pack. If you have your own stuff bags please pack your belongings in those.

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<sup>1</sup> Optional

<sup>2</sup> Optional, if attending with knife it must be folding blade, locking and no longer than 4 inches per Scouts Canada policy

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Scouts Canada Membership No. \_\_\_\_\_ Scouts Canada Group Name \_\_\_\_\_

ScoutsTracker ID<sup>3</sup> \_\_\_\_\_

OOS Youth Name \_\_\_\_\_

Date of Birth (dd/mmm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender \_\_\_\_\_

Mailing address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

OOS e-mail \_\_\_\_\_

Medical Nos. (phin 9) \_\_\_\_\_ (6 digit) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Names \_\_\_\_\_

Emergency Contact e-mail \_\_\_\_\_

Emergency Contact Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please note which of the following are you certified and current:**

- |   |   |
|---|---|
| <input type="checkbox"/> First Aid Standard               | <input type="checkbox"/> Bronze Medallion Swimming Award  |
| <input type="checkbox"/> First Aid Wilderness/Remote      | <input type="checkbox"/> Bronze Cross Swimming Award      |
| <input type="checkbox"/> Pleasure Craft Operators Card    | <input type="checkbox"/> National Lifeguard Service (NLS) |
| <input type="checkbox"/> Canoe Instructor (Paddle Canada) | <input type="checkbox"/> First Aid Instructor             |

**Which of the following activity areas are you able to provide leadership/instruction:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Canoe Skills              | <input type="checkbox"/> Leathercraft           | <input type="checkbox"/> Knots & Lashing   |
| <input type="checkbox"/> Camping Equipment         | <input type="checkbox"/> Crafts                 | <input type="checkbox"/> Waterfront Safety |
| <input type="checkbox"/> Navigation: Map & Compass | <input type="checkbox"/> First Aid              |  |
| <input type="checkbox"/> Navigation: GPS           | <input type="checkbox"/> Cooking (main kitchen) |  |

**Do you have any allergies?**  Yes  No

- |                                       |                                 |                                 |                                      |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Medicine     | <input type="checkbox"/> Toxins | <input type="checkbox"/> Smoke  | <input type="checkbox"/> Animals     |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food   | <input type="checkbox"/> Plants | <input type="checkbox"/> Other _____ |

If Yes, please provide details: \_\_\_\_\_

**Significant Medical History:**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Measles         | <input type="checkbox"/> Scarlet Fever   |
| <input type="checkbox"/> Mumps        | <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Chicken Pox  | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other _____     |

<sup>3</sup> ScoutsTracker ID number can be found by logging into the account, select my details, scroll down the screen and you will find ScoutsTracker Scouting Role ID. The number will be long i.e. 1-5976-852783870-59a6cb3ed8733e113244. If you have trouble reach out to your Troop Scouter for assistance.

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If Yes, please provide details: \_\_\_\_\_

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**Do you have restrictions on activities due to medical reasons?**

No  Yes, please provide details: \_\_\_\_\_

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**Are you subject to any of the following:**

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Cramps                     | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Fainting spells          | <input type="checkbox"/> HIV               | <input type="checkbox"/> Ear problems               | <input type="checkbox"/> Nightmares   |
| <input type="checkbox"/> Headaches                | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Contact lenses/<br>glasses | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Convulsions/<br>Seizures | <input type="checkbox"/> Hernia            | <input type="checkbox"/> Motion sickness            |                                       |
|   | <input type="checkbox"/> Back problems     |   |                                       |

Please provide details: \_\_\_\_\_

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**Do you require special care, medication or diet?** (Medication includes prescribed and over the counter)

No  Yes, please provide details: \_\_\_\_\_

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**If you will be attending camp with medications:** Please list medications and dosage below

| Medication | Dosage | Frequency |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

Date of last tetanus vaccination (month/year) \_\_\_\_\_ / \_\_\_\_\_

Swimmer abilities:  Non-swimmer  Swimmer (Highest level achieved) \_\_\_\_\_

# *ScoutLook*<sup>25</sup> **OOS REGISTRATION**

Do you give permission to ScoutLook to use photos or video of you for promotional purposes in print, social media (Facebook, Instagram), or the ScoutLook website  Yes  No

I give consent for my medical information to be shared with emergency personnel if an emergency should arise.  Yes  No

Participant's Signature \_\_\_\_\_